

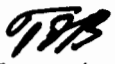

BER. ITE

Bermite Division
Whittaker Corporation

Whittaker

TO: Bob Remmel

DATE: 13 January 1986

FROM:   Tom Bloom/Larry N. Bohanan

SUBJECT: CANCELLATION OF HAZARDOUS WASTE HAULERS PERMIT

A review of operations regarding the need to utilize company vehicles for transport of hazardous waste has been conducted and determined that Bermite does not presently require a Hazardous Waste Haulers Permit.

Please take necessary action to cancel the Hazardous Waste Haulers Insurance, Policy number BCF 00-90-86.

Should this insurance policy be a combined policy that affects other items of coverage, only that portion of the coverage that relates specifically to Hazardous Waste Hauler vehicles should be deleted.

The attached listing of license and container numbers along with a copy of the Certificate of Insurance and the Hazardous Waste Hauler application is forwarded for your information and review.

Please note that vehicle number 171 license number is listed as 2B38187 which is erroneous. The correct license number is 2B38188.

I have taken action to notify the California Department of Health Services, Sacramento and Los Angeles including EPA Region IX San Francisco. Copies of correspondence is attached.

It should be noted that the certificate of insurance may not be canceled until the company has given ten (10) days notice in writing to The Toxic Substance Control Division of The California Department of Health Services at it's office, 714 P Street, Sacramento, California 95814. The 10 day notice is effective only after receipt at that office.

TB:ak

attachments

cc: Dept. of Health, Sacramento
DOHS LA
Region 9 EPA
Letter to Dept. of Health Services

HAZARDOUS WASTE HAULER APPLICATION

Firm Name Bermite Division, Whittaker Corporation DBA (if Any)		ZIP Code 91350	Telephone No. (805) 259-2241
Address (P. O. Box, City) 22116 West Soledad Canyon Road, Saugus			
Previous Registration No. If Renewal 0800	U. S. Environmental Protection Agency (EPA) Identification No. CAD064573K08	NOTE: List additional EPA ID Nos. with their addresses (street and ZIP code) on a separate sheet of paper.	

OWNERSHIP OF FIRM (List all partners if a partnership; list corporate officers if a corporation.)

Name	Position
Joseph F. Alibrandi	President & Chief Executive Officer
Harry S. Derbyshire	Exec. Vice President & Chief Financial Officer
Alan D. Jacobson	Sr. Vice President & Corporate Secretary

FEES

VEHICLE AND CONTAINER INSPECTION FEES (Total from Application for Vehicle/Container Inspection)	\$250.00
VEHICLE FEES (If none, please initial statement below.)	
<div style="border: 1px solid black; padding: 5px;"> <p>FIRM REQUESTS VEHICLE FEE WAIVER BECAUSE THE GROSS ANNUAL REVENUE FROM THE HAULING OF HAZARDOUS WASTES DOES NOT EXCEED \$35,000.</p> <p>Written Initials <i>X Douglas B Moore</i></p> </div>	
REGISTRATION FEE	\$ 50.00
TOTAL FEES (Make check payable to DEPARTMENT OF HEALTH SERVICES)	\$300.00

I understand and will comply with the applicable requirements of Chapter 6.5, Division 20, of the California Health and Safety Code and Chapter 30, Division 4, Title 22, of the California Administrative Code.

I certify under penalty of perjury to the accuracy of all statements made herein.

Name of Authorized Agent (Print or Type) Douglas B. Moore	Title President
Signature of Authorized Agent <i>Douglas B Moore</i>	Date 2/8/95

Check one

APPLICATION FOR VEHICLE/CONTAINER INSPECTION ☒APPLICATION FOR VEHICLE/CONTAINER REINSPECTION ☐

Phone (805) 259-2241

Firm Name Bermite Division of Whittaker CorporationContact Person Chuck PoundsInspection Address 22116 West Soledad Canyon Road, Saugus, CA. 91350

Street

City

Zip

LIST VEHICLES AND CONTAINERS USED TO HAUL HAZARDOUS WASTES

Hauler Registration No. 800

Make	Body Type	License or Container Number	Vehicle Fees	Inspection Fees	CHP USE ONLY (Cert. No./DOT No.)
				Vehicle or Container	
Fruehauf	Trailer #103A	UE3542	-0-	\$50 or \$25	
				\$50 or \$25	
Chevrolet	Truck #168	1H78283	-0-	\$50 or \$25	
Chevrolet	Truck #171	2B38187	-0-	\$50 or \$25	
Chevrolet	Van #172	1M31564	-0-	\$50 or \$25	
Chevrolet	Van #173	1R45414	-0-	\$50 or \$25	
				\$50 or \$25	
				\$50 or \$25	
				\$50 or \$25	
				\$50 or \$25	
				\$50 or \$25	
				\$50 or \$25	
				\$50 or \$25	
TOTAL VEHICLE FEES					
(Enter here and on EH 187 unless additional vehicle)				\$250.00	TOTAL INSPECTION FEES (Enter here and on EH 187 unless additional vehicle)

APPLICANT CERTIFICATION

I certify under penalty of perjury that to the best of my knowledge and belief the vehicle(s) and container(s) described above conform to the requirements of Section 66434(b), Title 22, California Administrative Code.

Douglas B. Moore
Typed or Printed Name

Signed

Douglas B. Moore President
Position

Date

CHP USE ONLY

Approval Recommended:

Remarks, if denied:

Signature MCS

Zone

Date

CERTIFICATE OF INSURANCE

Name of Insured WHITTAKER CORP./BERMITE DIV	Address 22116 W. SOLEDAD CANYON RD. SAUGUS, CA 91350	Phone Number (805) 259-2241
Name of Insurance Agency/Company JOHNSON & HIGGINS OF CALIF	Address 2029 CENTURY PARK EAST LOS ANGELES, CA 90067	Phone Number (213) 552-5917

COVERAGE IN FORCE (The policies for which this certificate is issued provide insurance, as indicated by "X," for the limits shown for each accident.)

<input type="checkbox"/> PRIMARY INSURANCE	Insurance Policy Number				
Insurance Company Name		Address		Phone Number	
				()	
For bodily injuries to or death of one person	\$ 1,000,000	For bodily injuries to or death of all persons injured or killed (subject to the maximum listed above for bodily injuries to or death of one person)	\$ 1,000,000	For loss or damage to property of others (excluding cargo)	\$ 1,000,000

<input checked="" type="checkbox"/> PRIMARY INSURANCE—COMBINED SINGLE LIMIT	Insurance Policy Number BCF 00 90 86				
Insurance Company Name INSURANCE COMPANY OF NORTH AMERICA		Address P.O. BOX 27706 HOUSTON, TX 77227		Phone Number 713 552-5300	

For bodily injuries to or death of all persons injured or killed and for loss or damage to property of others (excluding cargo) \$

<input type="checkbox"/> EXCESS LIABILITY	Insurance Policy Number				
Insurance Company Name		Address		Phone Number	
				()	

For bodily injuries to or death of all persons injured or killed and for loss or damage to property of others (excluding cargo) for amounts in excess of the primary insurance shown above \$

CANCELLATION:

The insurance policies for which this certificate is issued are effective until canceled and may not be canceled until the Company has given ten (10) days notice in writing to the Toxic Substances Control Division of the California Department of Health Services at its office, 714 P Street, Sacramento, California 95814. Said ten (10) days to commence to run from the date the notice is actually received in the office of the Toxic Substances Control Division.

The certificate of insurance is filed with the Department of Health Services of the State of California, Toxic Substances Control Division, 714 P Street, Sacramento, CA 95814.

CERTIFICATION

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. The policies described herein provide Automobile Bodily Injury Liability and Property Damage Liability protection required for haulers of hazardous waste pursuant to the California Administrative Code, Title 22, Division 4, Chapter 30, "Minimum Standards for Management of Hazardous Wastes" with respect to the operation, maintenance, or use of any vehicle for which registration to haul hazardous waste is required by the Department of Health Services of the State of California, regardless of whether such vehicles are specifically described in the policy or not.

Name of Person Signing (Print or Type) D.R. HIRSHORN	Title UNDERWRITING MANAGER	
Signature <i>D.R. Hirschorn</i>	Phone Number (713) 552-5300	Date 3/14/85